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Developing Public Health

Ally Memon on the need to re-think development

Every government's public health agenda is influenced both by local needs and the global standards laid out in the United Nation's Millennium Development Goals (MDGs). The MDGs establish clear benchmarks and focus for global health development issues. Any advocacy for improving public health must go hand-in-hand with other forms of development. It is important to note that there is interdependence between forms of development, as well. The conditions in which people live and function have an effect on their well-being and vice-versa. For example, if people achieve a global standard of education, then, chances are that they will be better aware of preventive health measures. Improvements in measurable areas of development like education, water and sanitation systems, conservation and environmental quality will have a positive impact on health. This is a positive feedback loop; better health leads to more economic development since healthier people will be more productive. If we think of this relation in terms of the MDG's for Health (G4 Reduce Child Mortality; G5 Improve Mental Health; G6 Combat HIV/AIDS, Malaria and other related diseases), then these health outcomes cannot be achieved without progress in other MDG's which are related (i.e. G1 Eradicating poverty and hunger; G2 Achieving primary education; G3 Promote Gender equality and empower women; G7 Ensure environmental stability; G8 Develop global partnerships for development).[1]

"Health improvements and effective healthcare service delivery cannot be independent of improvement and development in other sectors."

For this reason, collaboration is essential to achieving development agendas. Health improvements and effective healthcare service delivery cannot be independent of improvement and development in other sectors. The challenges in achieving improved public health and development are vast and vary region to region. In the context of Pakistan as an example of a South Asian nation, the obstacles in delivering effective healthcare services are concentrated around human resource factors. The health sector has gone through devolution with the federal health ministry being dissolved and health policy, planning, and implementation being handed over to provincial ministries.[2] Among their many functions, the prime agenda for any provincial health ministry or department in the country is the effective delivery of healthcare services and control of communicable diseases, namely, tuberculosis, polio eradication, malaria, HIV/AIDS and Hepatitis B and C.[3] More recently, a growth in measles outbreaks has challenged and over-stretched the resource base for the country's health departments, where more than 2,500 cases have been reported in the month of January 2013 alone.[4]

Pakistan's current Director General of Health Services in Sindh highlights that the major challenges faced are associated with lack of trained healthcare workers. There is an inability to train and deploy trained human resources in healthcare due to inadequate funding and dominancy of the private healthcare sector which attracts skilled healthcare workers. This lack of trained manpower creates large managerial deficiencies. Deploying an already under-trained and short-staffed personnel base to remote communities is demanding due to the poor transport infrastructure that makes it difficult to reach rural populations. The sheer extent to which these populations are dispersed is a challenge added to the equation, since no link road systems exist that can lead to remote villages, of which there are many.[5]

The problem of lacking human resources may be addressed through more collaboration with the education sector—something that the World Health Organisation (WHO) encourages and tries to support—and other national initiatives that encourage institutional alliances in the country for the training of manpower in the health sector.[6] Other factors such as overstretched resources and gender inequality that create social imbalance in rural communities are obstacles to progress in public healthcare service delivery. In terms of building institutional capacity as the department of heath, there is a large gap that needs to be filled in making personnel I.T. literate and establishing information systems to improve communication, sharing of data and strengthen accountability.[7] According to the Director General, health development is not an isolated or independent domain. Any improvements in public healthcare service delivery (and the nation's quality of health) are directly causal in relationship with development in other sectors such as education, communication & works and irrigation. Also, any future developments in healthcare services and improvement in its delivery are dependent on political reforms that sanction and implement far more public spending for health and education sectors than present. This is an inevitable and undisputed requirement that policy makers in the region must wake up to since populations will continue to grow and unplanned urbanisation will continue encouraging disease outbreaks and epidemics. Any future capability and capacity to respond to this challenge is only possible if adequate funding for intra-sector building as well as inter-sector collaborating is done in the present.

"Any improvements in public healthcare service delivery... are directly causal in relationship with development in other sectors such as education, communication & works and irrigation."

care Service Delivery

through interdependence and collaboration.

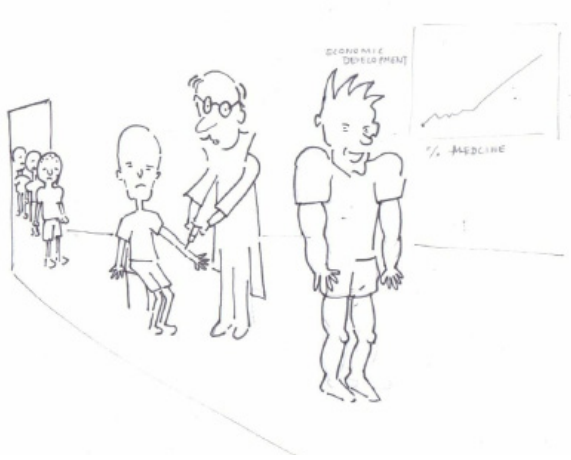
Globally, there is a chronic shortage of health workers. An estimated 4.2 million health workers are needed and this critical shortage is recognized as a fundamental constraint to achieving progress in health and development[8]. The Global Health Workforce Alliance (GHWA) was created under the WHO in 2006 as a common platform for action to address the crisis. The GHWA is a 'partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solutions'.[9]

From a services perspective, a country like Pakistan operates on a dual-class system, whereby the well-off can protect themselves by affording private healthcare the poor continue to face a deficient healthcare system with poor quality services and live as isolated populations with no nearby access to facilities. Even where the case is that services are reachable, these populations are unable to afford transportation costs to such facilities and typically cannot afford drugs or prescribed treatments.[10] Language is a barrier to collaboration between the public and private health care sectors. Private-sector firms and practitioners operate entirely in urban areas that speak the national language whilst rural practitioners, mostly public sector employees, speak and work in the provincial language.. With reference to manpower for health in this context, there is the dilemma of misdistribution of health workers between rural and urban set up's causing a shortage of human resource in rural areas; weak HR management systems that affect governance due to a lack of coordination and monitoring mechanisms; and a non-regulated private-sector that operates primarily in urban areas which pays relatively more than the public-sector and hence attracts the competent human resource pool.[11]

Observing with a wider lens, the crippling issue is that of government expenditure on health being a mere 2.2 percent of GDP between 2008 – 2012, one of the lowest in the world, which does not give the world's sixth largest populated country much hope.[12] According to the Leprosy Tuberculosis & Blindness Welfare Association of Pakistan, the country spends less than 1 percent of its GNP on health in the public sector, among the lowest in the world.[13]

Health improvement must go hand-in-hand with education development since education will be (directly or indirectly) the biggest promoter of health awareness and disease prevention in the long run. Realising that human resource issues in healthcare need to be addressed through collaboration and development in other spheres such as education, some recently introduced initiatives seem promising in the attempt to meet burdening health demands. The Pakistan Medical and Dental Council has made it mandatory to develop integrated curriculums, new medical colleges have cropped up across the country, and a ministry for Human Resource Development has been established in 2012 which sets the agenda for the training and development of personnel across Pakistan wherever there are shortages in meeting public-sector service demand.[14] The GHWA is supporting collaboration and development in Pakistan through a country coordination and facilitation (CCF) initiative where each devolved province (and its health sector) having a CCF committee engage in independent coordination mechanisms, strategies and plans for human resource capacity building for healthcare. Such an initiative brings partners like the UN, WHO and USAID who engage in the planning process.[15]

In the context of Pakistan and other developing countries in the South Asia region, the factors which will continue to determine healthcare service delivery and utilisation are unequipped human resources, lack of education, inadequate rural infrastructure development, gender inequality, and socio-economic divisions between rural and urban populations. There is a great need to direct efforts towards inter-sectoral collaborations that focus more on disadvantaged rural segments of the population that actually represent the majority. In attempting this, we must not forget that improved healthcare service delivery will be dependent on the development of other sectors in real-time. Health is only one cog in the wheel for the human development system.



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[1]Clark, H. (2013, Jan 31) Empowered Lives; Resilient Nations – Why health matters to human development. Accessed on Mar 15, 2013, < http://www.undp.org/content/undp/en/home/presscenter/speech-es/2013/01/31/helen-clark-empowered-lives-resilient-nations-why-health-matters-to-human-development-/>
[2]W.H.O (2013) Global Health Workforce Alliance Pakistan. Accessed on March 17, 2013, < http://www.who.int/workforcealliance/countries/pak/en/>
[3]Health Department Gov. of Sindh (2013) About Health Department Sindh. Accessed on March 22, 2013 < http://www.sindhhealth.gov.pk/portal/About/tabid/55/Default.aspx>
[4]Choudary, A. (2013, Jan 23) WHO reports 94 measles outbreaks across Pakistan in January. Dawn Newspaper, <http://dawn.com/2013/01/24/who-reports-94-measles-outbreaks-across-pakistan-in-january/>
[5]Memon, A.H.G (2013, Mar 09) Interview.
[6] Ibid.
[7]W.H.O (2013) About the Alliance. Accessed on Mar 17, 2013 < http://www.who.int/workforcealliance/about/en/>
[8]W.H.O (2013) About the Alliance
[9] Manderson, L. (1998) Health matters in developing economies in Petersen, A. and Waddell, C. (1998) Health Matters: A sociology of illness, prevention and care.Open University Press, Singapore
[10]W.H.O (2013) Global Health Workforce Alliance Pakistan.
[11]World Bank (2013) Health Expenditure, Total (% of GDP), Accessed on Apr 03, 2013, < http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS>
[12]LETBRA (n.d.) Health Situation in Pakistan. Accessed on Apr 02, 2013, <http://leprosy-tb-blindness.angelfire.com/Health_Situation_in_Pakistan.htm>
[13]W.H.O (2013) About the Alliance
[14]W.H.O (2013) About the Alliance
15 Shaikh, B.T. and Hatcher, J. (2004) Health seeking behaviour and health service
utilization in Pakistan: challenging the policymakers. Journal of Public Health. 27 (1) pp.49-54